

HOUSE BILL 2441

By Terry

AN ACT to amend Tennessee Code Annotated, Title 56,
relative to healthcare coverage determinations.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Section 56-6-705(a)(4), is amended by deleting subdivisions (a)(4)(A) and (B) and substituting the following:

(A) On appeal, all determinations not to certify an admission, service, or procedure as being necessary or appropriate must be made by a physician in the same or a similar general specialty as typically manages the medical condition, procedure, or treatment under discussion as mutually deemed appropriate. The physician must be licensed in this state under title 63, chapter 6 or 9, and must be in good standing with the board of medical examiners or the board of osteopathic examination. For mental health and chemical dependency care, the person performing the utilization review in these appeal determinations, pursuant to this section, must be both licensed at the independent practice level and in an appropriate mental health or chemical dependency discipline like that of the provider seeking authorization for the care denied;

(B)

(i) By the close of the next business day after a determination not to certify an admission, service, or procedure as being necessary or appropriate, and upon the request of the enrollee or other appropriate individual, the health carrier shall identify the physician upon whose medical opinion of the determination was made and hold a meeting, either in person or by telephone, with a physician or a healthcare provider for the enrollee; and

(ii) Utilization review agents shall complete the adjudication of appeals of determinations not to certify admissions, services, and procedures no later than thirty (30) days from the date the appeal is filed and the receipt of all information necessary to complete the appeal; and

SECTION 2. Tennessee Code Annotated, Section 56-6-705(a)(8), is amended by inserting the language "in this state pursuant to title 63, chapter 6 or 9, must be in good standing with the board of medical examiners or the board of osteopathic examination," between the language "practice medicine" and "and shall be" in the second sentence.

SECTION 3. Tennessee Code Annotated, Section 56-61-107(b), is amended by designating the existing language as subdivision (b)(1) and adding the following as new subdivision (b)(2):

(2) By the close of the next business day after an adverse determination that is based upon medical necessity, the health carrier shall notify an aggrieved person of the identity of the physician licensed to practice in this state under title 63, chapter 6 or 9, upon whose medical opinion the adverse determination was made and hold a meeting, either in person or by telephone, with a physician or healthcare provider for the enrollee. All determinations of medical necessity must be based on the medical opinion of a physician licensed to practice in this state under title 63, chapter 6 or 9, who is in good standing with the board of medical examiners or the board of osteopathic examination.

SECTION 4. Tennessee Code Annotated, Section 56-61-108(c)(2)(C), is amended by adding the following language at the end of the subdivision:

All determinations of medical necessity must be based on the medical opinion of a physician licensed to practice in this state under title 63, chapter 6 or 9, who is in good standing with the board of medical examiners or the board of osteopathic examination. By the close of the next business day after appointment of a review panel for an adverse determination that is based upon medical necessity, the health carrier shall notify an aggrieved person of the identity of the physicians on the panel.

SECTION 5. This act shall take effect on January 1, 2019, the public welfare requiring it.
This act shall apply to determinations made on or after January 1, 2019.